Round 2: WSDA/HAH Resiliency Grants FY22-23: Equipment & Installation Costs Grant Program

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\* Required

Organization Information

Organization legal name\*

Organization DBA (doing business as) if different from a legal name

If you are acting as a fiscal sponsor and completing this application on behalf of another organization, please name that organization.

Date of incorporation\*

First name of applicant\*

Last name of applicant\*

Role of applicant in organization\*

Email address of applicant\*

If a different person should be contacted for follow-up or questions about this application, please list their information below: first and last name, role in organization, email address

If awarded, name and contact information of person who will sign the contract/invoice: first and last name, role in organization, email address\*

Organization PHYSICAL Address (Street, City, State, Zip) Note: Organizations must have physical address in WA)\*

Organization MAILING Address - if different from above (Street, City, State, Zip)

In what county is your organization located?\*

Adams

Asotin

Benton

Chelan

Clallam

Clark

Columbia

Cowlitz

Douglas

Ferry

Franklin

Garfield

Grant

Grays Harbor

Island

Jefferson

King

Kitsap

Kittitas

Klickitat

Lewis

Lincoln

Mason

Okanogan

Pacific

Pend Orielle

Pierce

San Juan

Skagit

Skamania

Snohomish

Spokane

Stevens

Thurston

Wahkiakum

Walla Walla

Whatcom

Whitman

Yakima

In what LEGISLATIVE district is your organization located?

District 1

District 2

District 3

District 4

District 5

District 6

District 7

District 8

District 9

District 10

District 11

District 12

District 13

District 14

District 15

District 16

District 17

District 18

District 19

District 20

District 21

District 22

District 23

District 24

District 25

District 26

District 27

District 28

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District 30

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District 32

District 33

District 34

District 35

District 36

District 37

District 38

District 39

District 40

District 41

District 42

District 43

District 44

District 45

District 46

District 47

District 48

District 49

In what CONGRESSIONAL district is your organization located?

District 1

District 2

District 3

District 4

District 5

District 6

District 7

District 8

District 9

District 10

Our SAM registration is listed as "searchable" (verify with the Federal Service Desk as needed at 866-606-8220)\*

~ Yes, our SAM is searchable.

Unique Entity ID (SAM)\*

Unique Entity ID (SAM) expiration date\*

Federal tax ID number (please provide your tax number or EIN)\*

UBI number

Is your organization located in one of the following counties which qualify as rural?  (Adams, Asotin, Chelan, Clallam, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, San Juan, Skagit, Skamania, Stevens, Wahkiakum, Walla Walla, Whitman, Yakima)\*

Yes

No

There may be exceptions to the list above. If your organization's county is not listed, but you feel your organization's location qualifies as rural or remote, please describe:

Has your organization held any contracts with WSDA in the past 5 years?\*

Yes

No

If yes, check all that apply

EFAP, EFAP-Tribal

TEFAP

CSFP

FTFB or F2FP

We Feed WA (food box program)

Food Assistance Grant (application-based grants held with WSDA Food Assistance)

Other

We operate a (check all that apply)\*

Food Bank

Food Pantry

Mobile Food Pantry or Grocery Delivery Program

Tribal Voucher Program

Other

If you answered "other" above, please specify)

Number of paid staff involved in hunger relief services at your organization in the past year. Estimated Full Time Equivalent (FTE) for all positions, see definitions.\*

Number of paid staff dedicated to grant writing at your organization. Estimated Full Time Equivalent (FTE) for all positions, see definitions.\*

In the past 12 months, what percentage of your organization's funding has been from non-governmental sources?\*

Acknowledgement: We understand that the following information may be shared with other organizations within the Washington State hunger relief network, regardless of award status, in the interest of regional collaboration: Organization name, location, and type; Project title; Project summary; Award status; Name and contact information of applicant or alternate contact provided.  Please direct questions or concerns to foodassistancegrants@agr.wa.gov\*

~ We acknowledge the above statement

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\* Required

Project Information

Project title\*

Please provide a brief overview of your project.\*

How does your project address the impact of COVID-19 on your organization and service community?\*

What are the desired outcomes of this project? Please include specific measurable (data points) as well as a description.\*

Please describe the timeline of your project. Include estimated completion dates for all major activities.\*

Total project cost ($) (include equipment and any installation costs, if relevant)\*

Equipment amount ($)\*

List specific items and activities to be covered, if awarded.\*

Who are the direct beneficiaries of this project, and how are they benefitting?\*

We understand that the project outlined above must be accomplished within the budget provided and within the contract period, or risk forfeiture of award.\*

~ We acknowledge the above statement

We understand that if we receive other funding for one or more aspects of this project that we are required to notify WSDA within ten (10) days to avoid duplicate funding.  \*

~ We acknowledge the above statement

If your organization’s policy is to include ancillary charges (such as taxes, duty, transit insurance, freight, and installation) in the acquisition cost of equipment, please select “Include ancillary charges”. If this is not your policy, ancillary charges will not be included in the cost of equipment.

~ Include ancillary charges

Additional Forms Needed

Please check the box below after the following forms have been emailed to: capacity@harvestagainsthunger.org

1) Unique entity ID (SAM) registration, showing active status & expiration date (for help: 866-606-8220).

2) Secretary of State Nonprofit Registration or renewal (not required for churches and organizations associated with churches; located here: [https://ccfs.sos.wa.gov](https://ccfs.sos.wa.gov/)).

3) IRS 501(c)3 tax exempt form (not required for public agencies; located here: <https://apps.irs.gov/app/eos/>).

4) Bids and/or quotes received for equipment or repairs.

Check when complete: \*

~ The forms above have been emailed.

Optional:

Please tell us about any other critical capacity needs your program is currently facing.